विवरण–II

अन्तरराष्ट्रीय एजेंसियों से प्राप्त होने वाली राशि

(करोड़ रुपए)

क्र० सं०	एजेंसियों का नाम	आबंटन			टिप्पणी
		1994–95	1995–96	1996–97	
1	विश्व बैंक सहायता प्राप्त मोतियाबिन्द दृष्टिहीनता नियंत्रण परियोजना	21.00	76.00	87.00	बजट का समग्र 89 प्रतिशत विश्व बैंक द्वारा वहन किया जाएगा ।
2	राष्ट्रीय दृष्टिहीनता नियंत्रण कार्यक्रम	19.00	18.00	18.00	जानिडा से 34.83 करोड़ रु० की सहायता (चरण-II, 1989-96)

Reconimendfitiiva& NDC on Puf»uiaiiQr>

1174. DR. B. B. DUTTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the major recommendations of NDC on populatiob;

(b) details of action taken by Government to implement these recommendations; and

(c) the response af State Governments in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA). (a) The Committee of the National Development Council (NDC) on population has made wide ranging recommendations which inter-alia, cover strengthening of infrastructure, Differential approach, training, inter sectoral coordination fit grass r(*t level, support of leadership, decent . rallsed planning, Removal of gender gap and improving the status of women, Raising literacy and education of women, Raising age of marriage of women, involvement otf private practitioners, role of organised sector, mi-ancing of the family welfare programme, incentives and disincentives etc.

| (b) and (c) Most of the recommendations involve acceleratioln of ongoing ,ctivitieK under the National ; Family Welfare Programme. These have been discussed with State Governments and within the Govt, of India Though States are giving priority tci 'family planning, they are also sxHHfrairftd by inadequate resources.

Steps ic prevent «se of Fiouride Toothpasif

1175. SHRI KRISHAN LAL 5HARMA. Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that all the leading tooth pastes available in the country contain fluoride;

(b) whether it is also a fact *har fluoride when absorbed may result in dental or skeletal fluorosis;

(:) whether Government have carried out any survey about the illness coming up due to fluoride;

j t'.I) if so, the /details thereof; and

(e) whether Government propose j to • take any corrective.' steps in this matter and if so, details thereof?

THE, MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) Yes, Sir.

(b) Fluoride in excess of 2 ppm in drinking water may cause fluorosis.

-(c)- Yes, Sir.

(d)" Rajiv Gandhi National Drinking water Mission, Ministry of Ur. ban Development has identified the following 15 states as flourosisi endemic; States;

1. Gujarat 2. Haryana3. Miadhya Pradesh, 4. Andhra Pradesh 5 Jammu & Kashmir 6. Maharashtra 7. Rajafsithan 8. Uttar Pradesh 9. Punjab 10. Karnataka H. Kerala 12. Tamil Nadu 13. Bihar 14. Orissa 15, Delhi.

(e) For the control of fluorosis in the country, the Rajiv Gandhi Na-riotnal Drinking Water 'Mission aims at conducting training cum awareness camps; launching epidemiological and water quality surveys, introducing preventive measures and provL ding alternative sources of safe drinking water.

PHCs and Family PlanB&g Centres in *Manny j.* Pradesh

1176. SHRI DJLIP SINGH JU-DEV: Will the Minister of HEALTH AND FAMILY WELFARE be, pleased to state:

(a) what is the number of primary Health and Family Planning Centres in each district of Madhya Pradesh as on 31st October, 19S4;

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(b) the funds provided by the Central Government to these centres during 1990-91, 1991-92, 1992-93, 1983-94 and as on date;

(c) what is the number of Rural | Tribal households covered by each of the district of the State;

(d) what are the measures taken so far during, the . Eighth Plan period by the Central Government for the effective functioning of such centres iniluding training and modernised research facilities during the above s'ated period; and

(e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA);

(a) A statement is annexed *(See* be-' low).

(b) Primary Health Centres are funded by the State sector under Mini mum N^ds Programme.

(c) Ah. rural/tribal house holds are; covered by a network of sub.eentres Primary Health Centres and Commu nity Health Centres established at diffe rential population norms.

(d) and (e) Training programmes have been stepped up to improve the efficiency and effectiveness of the para medical and medical functionaries at these centres.

As these centres provide only pre. ventive and curative care, provision of research facilities t* not envisaged.